

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/926154** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1			
4	1		1		1	
5						
6						
7						
8			1		1	
9			1		1	
10			1		1	
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50						
TOTAL I.D.						
TOTAL DEP.			17		24	
TOTAL CLAIMS			18		25	

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IND.	DEP.	IND.	DEP.
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			